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CONFIRMATION NO. 2106

<b>SERIAL NUMBER</b> 10/565,340	<b>FILING OR 371(c) DATE</b> 01/19/2006 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1626	<b>ATTORNEY DOCKET NO.</b> 17609 (AP) PCT-US
<b>APPLICANTS</b> David W. Old, Irvine, CA; Robert M. Burk, Laguna Beach, CA; Thang D. Dinh, Garden Grove, CA;				
<i>TRM 8-21-08</i> <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/26607 08/16/2004 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/22/2006</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 30
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> Robert J. Baran Allergan, INC. 2525 Dupont Drive T2-7H Irvine, CA92612				
<b>TITLE</b> CYCLOHEXYL PROSTAGLANDIN ANALOGS AS EP4-RECEPTOR AGONISTS				
<b>FILING FEE RECEIVED</b> 1700	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	